



State Ethics Commission - Committee Name Change Form

FOR A CAMPAIGN COMMITTEE FOR USE BY OTHER THAN CANDIDATE

1	Today's Date: _____	Registration Year: _____	
2	Type of Committee (Check One): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Political Party</div> <div style="width: 33%;"><input type="checkbox"/> Political Action Committee</div> <div style="width: 33%;"><input type="checkbox"/> Statewide Referendum</div> <div style="width: 33%;"><input type="checkbox"/> Individual</div> <div style="width: 33%;"><input type="checkbox"/> Independent Committee</div> <div style="width: 33%;"><input type="checkbox"/> Constitutional Amendment</div> <div style="width: 33%;"><input type="checkbox"/> Recall Committee (Provide information below)</div> <div style="width: 33%;"><input type="checkbox"/> County or Municipal Ballot Question</div> </div> Public Officer: _____ Office Held: _____ Election Year: _____		
3	Filer ID: _____ Previous Committee Name: _____ New Committee Name: _____ Address 1: _____ Address 2: _____ City, State, Zip: _____ Telephone Number (Optional): _____ and/or _____		
4	Committee Affiliation (if any): _____		
5	Chairperson (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		
6	Treasurer (Full Name): _____ Address 1: _____ Address 2: _____ City, State, Zip: _____		

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE, AND ACCURATE.

Signature of Person Registering Committee

Date